

FEE TRANSMITTAL

Application Number 10/694,448
Filing Date October 27, 2003
Inventor(s) Kathleen C.M. Campbell
Examiner Name Rebecca Cook
Attorney Docket Number SIU 7398

Art Unit 1614
Confirmation No. 8896



[X] Applicant claims small entity status.

METHOD OF PAYMENT

[] The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

[X] Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. [] BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____

2. [] EXCESS CLAIM FEES

Total Claims ____ - ____ (HP) = ____ x Fee ____ = \$ _____
Indep Claims ____ - ____ (HP) = ____ x Fee ____ = \$ _____
Multiple Dependent Claims Fee \$ _____
(HP = highest number of claims paid for)

Subtotal (2) \$ _____

3. [] APPLICATION SIZE FEE

Total Pages ____ - 100 = ____ ÷ 50 = ____ x \$250 = \$ _____
(Application + Drawings) (round up to whole #)

Subtotal (3) \$ _____

4. [X] OTHER FEE(S)

[X] two month extension of time (\$225.00)
[X] Information disclosure statement (\$180.00)
[] 37 CFR 1.17(q) processing fee
[] Non-English specification
[] Notice of Appeal
[] Filing a brief in support of appeal
[] Request for oral hearing
[] Other: _____

Subtotal (4) \$ 405.00

TOTAL AMOUNT OF PAYMENT \$ 405.00

Janet S. Hendrickson
Janet S. Hendrickson, Ph.D., Reg. No. 55,258
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2/28/05

Date

JSH/dep
Express Mail Label No. EV453251545US